

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63)  
FOR UTILITY OR DESIGN  
APPLICATION USING AN  
APPLICATION DATA SHEET  
(37 CFR 1.76)**

<b>Application Number</b>	Not yet known
<b>Filing Date</b>	Not yet known
<b>First Named Inventor</b>	Sig G. Kupka
<b>Title</b>	Manipulating an On-Screen Object Using Zones Surrounding the Object
<b>Group Art Unit</b>	Not yet known
<b>Attorney Docket Number</b>	23412-07847

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or  
☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/our knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**

Inventor one: Sig G. Kupka Citizen of: USA

Signature:  Date: July 28, 2003

Inventor two: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inventor three: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inventor four: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Additional inventors are being named on additional form(s) attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not yet known
Filing Date	Not yet known
First Named Inventor	Sig G. Kupka
Title	Manipulating an On-Screen Object Using Zones Surrounding the Object
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	23412-07847

I hereby appoint:

☐

Practitioners at Customer Number

00758

OR

☒

Practitioner(s) named below:

Name	Registration Number
Amir H. Raubvogel	37,070
Robert R. Sachs	42,120

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐

The above-mentioned Customer Number.

I am the:

☒

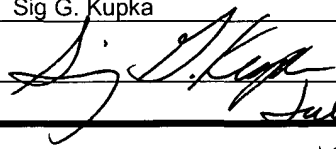
Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Sig G. Kupka
Signature	
Date	July 28, 2003

I am the:

☐

Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of one form is submitted.